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Subject: Determine Nutritional Risk – Dietary/Non-Medical

Effective Date: January 23, 2006 Revised from: October 1, 2004

Policy: All applicants shall be screened for dietary deficiencies that impair or endanger health.

A food recall shall be completed to estimate the types of food and drink a client consumes in a typical day, the method of preparation, the amount eaten, and the approximate time the food or drink was consumed.

Reference: CFR §246.7

Procedure:

- 1) When a certification appointment is scheduled the applicant / caregiver is:
 - a) Provided with a Food Record / Rights and Responsibilities form.
 - b) Advised to bring the completed Food Record to the certification appointment.
- 2) The client / caregiver may complete this form or the WIC staff may complete the Food Record: NOTE: An easy time period to recall is from the time one awakens to the time one goes to bed again.
- 3) During the certification appointment the WIC staff will ask probing, open ended questions to review:
 - a) Current and usual food and fluid intake including
 - i) Any reported diet restrictions or modification.
 - ii) Preparation methods.
 - b) Factors that effect food or fluid intake
 - c) When, where, and with whom meals and snacks are routinely consumed.
 - d) The use of vitamin/mineral supplements.
 - e) Clinical manifestations of Nutrient Deficiencies Diseases.
- 4) For women and children 24 months of age or older, evaluate the 24-hour recall by:
 - a) Count and document the number of servings eaten for each food group.
 - b) Count and document High C fruit and vegetable servings separately.
 - c) Count and document High A fruit and vegetable servings separately.
 - d) Count and document the amount of juice consumed in ounces.

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- e) Count and document juice intake as both fruit or vegetable servings and the total number of ounces consumed.
- 5) Compare servings eaten to recommended daily servings appropriate for the age and category of the client.
- 6) Document number of servings on the Diet Tab in KWIC.
- 7) The CPA will assign all dietary risk factors as identified.

Food Record

You (your child's) name		Date of Birth		
Do you have a working stove? \square Yes	☐ No	Refrigerator?	Yes	☐ No
What kind of water do you (your child) drink?	Well	☐ City	Bottled	Unsure
Directions: List all the food and drinks eaten on one day. Be sure to pick a <u>usual</u> day.				

Г		I		I	
	Time	Place	Food/Drinks	Amount	How Prepared?
əle	7:30 am	Home	Milk	½ cup	
Example	7:30 am	Home	Cereal	½ cup	with 1 tsp sugar
ш	7:30 am	Home	Milk	½ cup	on cereal
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Food Groups					
Meat 1 oz. cooked meat, poultry, or fish 1 oz. equivalents: 1 egg • ½ c. cooked dry beans • 2 T peanut butter • ¼ c. seeds • ⅓ c. nuts, such as walnuts, pecans, or peanuts • ½ c. baked beans • ½ c. tofu	Milk / Dairy 1 c. milk • 1 c. yogurt (all kinds) • 1½ oz. natural cheese • 2 oz. process cheese • 2 c. cottage cheese • 1½ c. ice cream	Bread/Cereal 1 slice bread • ½ hamburger or hot dog bun • ½ english muffin or bagel • 1 small roll, biscuit, or muffin • ½ c. cooked cereal, pasta or rice • 1 oz. ready-to-eat cereal • 5 to 6 small crackers (saltine size) • 2 to 3 large crackers (graham cracker square size) • 7" flour or corn tortilla • 2 taco shells, corn • 4" pancake	Fruits and Vegetables 1 medium piece fresh • ½ c. cut-up fresh, frozen, cooked or canned fruit or vegetables • ¼ c. dried fruit • 1 c. leafy raw vegetables • ¾ c. juice High C Fruits and Vegetables orange • grapefruit half • cantaloupe • strawberries • broccoli • cabbage • cauliflower • green peppers• greens • spinach • orange, grapefruit or vitamin C fortified juice High A Fruits and Vegetables cantaloupe • beet greens • carrots • mixed vegetables • pumpkin • spinach • sweet potato		
			C A Other		

Registro de Comida

Su (nombre del niño) nombreFecha de Naciminto			 	
Usted tiene una estufa que fuciona?	Si	☐ No	Refrigerador?	☐ Si ☐ No
Que clasas de agua (su niño) toma?	Pozo	Ciudad	Embotellada	Inseguro
Instrucciones: Enumere todas las comidas y bebidas consumido en un dia. Escoje un dia usual.				

		l .			
	Hora	Lugar	Alimento/Bebida	Cantidad	Preparación?
용	7:30 am	Casa	Leche	½ taza	
Ejemplo	7:30 am	Casa	Cereal	½ taza	con 1 cucharadita de azúcar
Ē	7:30 am	Casa	Leche	½ taza	en el cereal

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			C A Other		